

<i>SERFF Tracking Number:</i>	<i>TWRG-125475944</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Tower Insurance Company of New York</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-AR-3-CU-015</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2020 Commercial Umbrella & Excess</i>
<i>Product Name:</i>	<i>Initial Adoption of ISOs Commercial Liability Umbrella Forms & Independent Forms</i>		
<i>Project Name/Number:</i>	<i>Initial Adoption of ISOs Commercial Liability Umbrella Forms & Independent Forms/08-AR-3-CU-015</i>		

Filing at a Glance

Company: Tower Insurance Company of New York

Product Name: Initial Adoption of ISO's SERFF Tr Num: TWRG-125475944 State: Arkansas

Commercial Liability Umbrella Forms &
Independent Forms

TOI: 17.2 Other Liability - Occurrence Only

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.2020 Commercial Umbrella &
Excess

Co Tr Num: 08-AR-3-CU-015

State Status: Fees verified and
received

Filing Type: Form

Co Status: Pending

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Author: Faye Storch

Disposition Date: 02/20/2008

Date Submitted: 02/06/2008

Disposition Status: Approved

Effective Date Requested (New): 03/15/2008

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Initial Adoption of ISO's Commercial Liability Umbrella
Forms & Independent Forms

Status of Filing in Domicile: Authorized

Project Number: 08-AR-3-CU-015

Domicile Status Comments:

Reference Organization: ISO

Reference Number: Various

Reference Title: Various

Advisory Org. Circular: Various

Filing Status Changed: 02/20/2008

State Status Changed: 02/20/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Tower Insurance Company of New York is a subscriber company of the Insurance Services Office, Inc. (ISO) for Commercial Liability Umbrella. At this time, we wish to adopt as our own filing the forms as noted in the cover letter referencing ISO Filings.

Additionally, we are submitting for your review and approval, twenty-two (22) endorsements to be used in conjunction

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with ISO's Commercial Liability Umbrella Coverage Form, currently on file with your Department. Please refer to the attached Forms Memorandum for information about each form.

The ISO rule adoption and all rating associated with this Program are being filed simultaneously under separate cover.

We wish to make this filing effective for all policies effective on or after March 15, 2008, or the earliest date permitted by your state. Your favorable consideration and approval are respectfully requested. Please contact me if you should have any questions or comments. Thank you for your attention in this matter.

Company and Contact

Filing Contact Information

Faye Storch, Senior Business Analyst fstorch@twrgroup.com
 120 Broadway, 31st Floor (212) 655-2189 [Phone]
 New York, NY 10271-3199 (631) 824-9203[FAX]

Filing Company Information

Tower Insurance Company of New York	CoCode: 44300	State of Domicile: New York
120 Broadway, 31st Floor	Group Code: 3703	Company Type: Property & Casualty
New York, NY 10271-3199	Group Name: Tower Group Companies	State ID Number:
(212) 655-2000 ext. [Phone]	FEIN Number: 13-3548249	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 Form Filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Tower Insurance Company of New York	\$50.00	02/06/2008	17846828

SERFF Tracking Number:	TWRG-125475944	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/20/2008	02/20/2008

SERFF Tracking Number: *TWRG-125475944* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *EFT \$50*
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TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2020 Commercial Umbrella & Excess*
Product Name: *Initial Adoption of ISOs Commercial Liability Umbrella Forms & Independent Forms*
Project Name/Number: *Initial Adoption of ISOs Commercial Liability Umbrella Forms & Independent Forms/08-AR-3-CU-015*

Disposition

Disposition Date: 02/20/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TWRG-125475944 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	NAIC Transmittal	Approved	Yes
Supporting Document	Forms Memorandum	Approved	Yes
Form	Animal Exclusion Endorsement	Approved	Yes
Form	Asbestos Exclusion	Approved	Yes
Form	Assault and/or Battery Exclusion	Approved	Yes
Form	Auto Liability Follow Form	Approved	Yes
Form	Commercial Umbrella Liability Policy	Approved	Yes
	Declarations Page		
Form	Commercial General Liability Follow Form	Approved	Yes
Form	Cross Liability Exclusion Endorsement	Approved	Yes
Form	Directors and Officers Liability Exclusion	Approved	Yes
Form	Discrimination Exclusion	Approved	Yes
Form	Drop Down Exclusion Endorsement	Approved	Yes
Form	Employee Liability Follow Form	Approved	Yes
Form	Employer's Liability Exclusion	Approved	Yes
Form	Exclusion - Exterior Insulation and Finish Systems	Approved	Yes
Form	Firearms Exclusion	Approved	Yes
Form	Hired and Non-Owned Automobile Liability Exclusion Endorsement	Approved	Yes
Form	Lead Based Paint Exclusion	Approved	Yes
Form	New York State Contractors Bodily Injury Exclusion	Approved	Yes
Form	Owned Automobile Liability Exclusion Endorsement	Approved	Yes
Form	Personal Liability Exclusion	Approved	Yes
Form	Commercial Liability Umbrella - Policyholder Notice	Approved	Yes
Form	Property Damage Exclusion Endorsement - Personal Property	Approved	Yes
Form	Errors and Omissions Liability Insurance Temporary Help Service Exclusion	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Animal Exclusion Endorsement	CU9 21 06	01 08	Endorsement/Amendment/Conditions		0.00	CU9 21 06 01 08 - Animal.pdf
Approved	Asbestos Exclusion	CU9 21 01	01 08	Endorsement/Amendment/Conditions		0.00	CU9 21 01 01 08 - Asbestos.pdf
Approved	Assault and/or Battery Exclusion	CU9 21 03	01 08	Endorsement/Amendment/Conditions		0.00	CU9 21 03 01 08 - Assault-Batt.pdf
Approved	Auto Liability Follow Form	CU9 04 01	01 08	Endorsement/Amendment/Conditions		0.00	CU9 04 01 01 08 - Auto Liab - Follow Form.pdf
Approved	Commercial Umbrella Liability Policy Declarations Page	CU9 00 01	01 08	Declaration New s/Schedule		0.00	CU9 00 01 01 08 - Dec - TICNY.pdf
Approved	Commercial General Liability Follow Form	CU9 04 03	01 08	Endorsement/Amendment/Conditions		0.00	CU9 04 03 01 08 - CGL-Follow Form.pdf
Approved	Cross Liability Exclusion Endorsement	CU9 21 08	01 08	Endorsement/Amendment/Conditions		0.00	CU9 21 08 01 08 - Cross Liability.pdf
Approved	Directors and Officers Liability Exclusion	CU9 21 09	01 08	Endorsement/Amendment/Conditions		0.00	CU9 21 09 01 08 - D&O.pdf

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Approved	Discrimination Exclusion	CU9 21 0401 08	Endorsement/Amendment/Conditions	0.00	CU9 21 04 01 08 - Discrimination.pdf
Approved	Drop Down Exclusion Endorsement	CU9 21 0701 08	Endorsement/Amendment/Conditions	0.00	CU9 21 07 01 08 - Drop Down.pdf
Approved	Employee Liability Follow Form	CU9 04 0201 08	Endorsement/Amendment/Conditions	0.00	CU9 04 02 01 08 - Employers Liab - Follow Form.pdf
Approved	Employer's Liability Exclusion	CU9 21 1301 08	Endorsement/Amendment/Conditions	0.00	CU9 21 13 01 08 - Employers Liab Exclusion.pdf
Approved	Exclusion - Exterior Insulation and Finish Systems	CU9 00 0206 06	Endorsement/Amendment/Conditions	0.00	CU9 00 02 06 06 - Exc - Exterior Insulation.pdf
Approved	Firearms Exclusion	CU9 21 0201 08	Endorsement/Amendment/Conditions	0.00	CU9 21 02 01 08 - Firearms.pdf
Approved	Hired and Non-Owned Automobile Liability Exclusion Endorsement	CU9 21 1101 08	Endorsement/Amendment/Conditions	0.00	CU9 21 11 01 08 - Hired & Non-Owned.pdf
Approved	Lead Based Paint Exclusion	CU9 21 0501 08	Endorsement/Amendment/Conditions	0.00	CU9 21 05 01 08 - Lead.pdf
Approved	New York State	CU9 21 1201 08	Endorsement/Amendment/Conditions	0.00	CU9 21 12

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	Contractors		nt/Amendm		01 08 - NYS
	Bodily Injury		ent/Condi		Contractors.
	Exclusion		ons		pdf
Approved	Owned	CU9 21 1001 08	Endorseme New	0.00	CU9 21 10
	Automobile		nt/Amendm		01 08 -
	Liability Exclusion		ent/Condi		Owned
	Endorsement		ons		Auto.pdf
Approved	Personal Liability	CU9 21 1401 08	Endorseme New	0.00	CU9 21 14
	Exclusion		nt/Amendm		01 08 -
			ent/Condi		Personal
			ons		Liab
					Exclusion.pd
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Approved	Commercial	CU9 99 0101 08	Disclosure/ New	0.00	CU9 99 01
	Liability Umbrella		Notice		01 08 -
	- Policyholder				Policyholder
	Notice				Notice re
					CU92112.pd
					f
Approved	Property Damage	CU 21 15 01 08	Endorseme New	0.00	CU9 21 15
	Exclusion		nt/Amendm		01 08 - Prop
	Endorsement -		ent/Condi		Dam Excl -
	Personal		ons		Per Prop.pdf
	Property				
Approved	Errors and	CU 21 16 01 08	Endorseme New	0.00	CU9 21 16
	Omissions		nt/Amendm		01 08 - E&O
	Liability		ent/Condi		Temp Help
	Insurance		ons		Exc.pdf
	Temporary Help				
	Service Exclusion				

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ANIMAL EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

In consideration of the premium paid, and notwithstanding anything contained in this policy to the contrary, it is agreed that this policy shall not apply to any liability for personal injury, property damage or advertising liability caused by:

Any ANIMAL owned by or in the case, custody or control of any insured or for which any insured is legally responsible.

All other terms and conditions of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ASBESTOS EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

This insurance does not apply to any liability arising out of:

- (1) Inhaling, ingesting or prolonged physical exposure to asbestos or goods or products containing asbestos; or
- (2) The use of asbestos in constructing or manufacturing any goods, product or structure; or
- (3) The removal of asbestos from any goods, product or structure; or goods or products containing asbestos.
- (4) The manufacture, sale, transportation, storage or disposal of asbestos or goods or products containing asbestos.

The coverage afforded by this policy does not apply to payment for the investigation or defense of any loss, injury or damage or any cost, fine or penalty or for any or any cost, fine or penalty or for any expense or claim or suit related to any of the above

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ASSAULT AND/OR BATTERY EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

This insurance does not apply to “Bodily Injury” or “Property Damage” arising from:

- A. Assault and/or Battery committed by an insured, any employee of any insured, or any other person, whether committed by or at the direction of any insured;
- B. The failure to suppress or prevent Assault and/or Battery by a person in A., above; or
- C. The negligent hiring, supervision or training of any employee of the insured in connection with the acts discussed in A. or B. above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO LIABILITY FOLLOW FORM

This policy is intended to include Auto Liability coverage, but only to the extent that coverage is provided for by the automobile liability insurance listed in the schedule of underlying insurance.

This endorsement is subject to Condition 13, Maintenance of Underlying Insurance.

TOWER INSURANCE COMPANY OF NEW YORK
COMMERCIAL UMBRELLA LIABILITY POLICY DECLARATIONS PAGE

PART TWO. THIS DECLARATIONS PAGE WITH "POLICY PROVISIONS-PART ONE"
COMPLETES THE BELOW NUMBERED POLICY

POLICY #: CUP

☐NEW ☐RENEWAL OF: CUP

1. NAMED INSURED:
MAILING ADDRESS:
LOCATION ADDRESS:

NAMED INSURED IS: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other:

BUSINESS OF NAMED INSURED:

2. POLICY PERIOD: Beginning & ending at 12:01 a.m. standard time at the address of the insured stated above

From: **To:**

3. LIMITS OF LIABILITY:

INSURED'S RETAINED LIMIT:

A. As a result of any one occurrence not covered by the underlying insurance listed in item 6
Below or by other underlying insurance payable on behalf of the insured.

COMPANY'S LIMITS:

B. \$,000,000 As a result of any one occurrence on account of personal injury, property damage or advertising offense
or combination thereof.

C. \$,000,000 On account of all occurrences during each policy year arising out of products hazard or
The completed operations hazard, or both combined.

4. FORMS AND ENDORSEMENTS ATTACHED TO POLICY AT INCEPTION. REFER TO PAGE 2.

5. PREMIUM PAYABLE: ☐ Flat ☐ Adjustable. Rate: \$ per: Basis:

\$

5A Certified Terrorism Loss Premium \$
Total Premium \$ Due at policy inception

In the event of cancellation by the named insured, the Company shall receive and retain not less than the
SHORT RATE, as the Minimum Premium.

6. SCHEDULE OF UNDERLYING INSURANCE

Policy Type & Policy Number	Insurer	Policy Period	Limits or Amounts of Insurance
General Liability:			
Businessowners.			
Automobile.			
Employers Liability.			

Agent:
Address:

Code:

Issue Date:
By:

Countersigned

Authorized Representative

FTZ# - 2-13000

Schedule of Forms and Endorsements
COMMERCIAL UMBRELLA POLICY

Effective date of
this Schedule:

Issue date:

Attached to and forming part of
Policy No. CUP _____

Issued To: _____

The following is a schedule of Forms and Endorsements issued with the policy at inception:

Form ID Number:

Edition Date:

Form Name:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL GENERAL LIABILITY FOLLOW FORM

This policy is intended to provide Commercial General Liability coverage, but only to the extent that coverage shall follow any valid and collectible "underlying insurance," and then only as described in the Schedule of Underlying Insurance.

This endorsement is subject to **Condition 13, Maintenance of Underlying Insurance.**

All other terms and conditions remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CROSS LIABILITY EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

In consideration of the premium paid, and notwithstanding anything contained in this policy to the contrary, it is agreed that this policy shall not apply to any liability of one insured for property damage to the property of another insured under this policy.

All other terms and conditions of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DIRECTORS AND OFFICERS LIABILITY EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

In consideration of the premium paid, and notwithstanding anything contained in this policy to the contrary, it is agreed that this policy shall not apply to any liability arising out of any “wrongful act” of any director or officer of the insured in the discharge of their duties as such.

“Wrongful act” means any actual or alleged error or misstatement or misleading statement or act or omission or neglect or breach of duty by the directors or officers in the discharge of their duties, individually or collectively, or any matter claimed against them solely by reason of their being directors or officers of the company.

All other terms and conditions of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DISCRIMINATION EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

This insurance does not apply to any liability, defense costs, fines or damages which arise out of the discrimination of any person or persons based upon, but not limited to, color, creed, gender, race, natural origin, age, handicap, illness, relation or sexual preference.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DROP DOWN EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

In consideration of the premium paid, and notwithstanding anything contained in this policy to the contrary, this insurance does not apply to “personal injury” “property damage” or “advertising injury”. This exclusion does not apply to the extent that coverage is provided for the insured by underlying insurance policies as stated and described in the declarations.

All other terms and conditions of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYERS' LIABILITY FOLLOW FORM

This policy is intended to provide Employer's Liability coverage, but only to the extent that coverage is provided for by the Employers' Liability Insurance Policy listed in the Schedule of Underlying Insurance.

This endorsement is subject to Condition 13, Maintenance of Underlying Insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYERS' LIABILITY EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

This policy does not apply to Employers' Liability Coverage.

All other terms and conditions remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

EXCLUSION – EXTERIOR INSULATION AND FINISH SYSTEMS

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

In consideration of the premium paid, and notwithstanding anything contained in this policy to the contrary, it is agreed that this policy shall not apply to any liability for “Personal Injury”, “Property Damage” or “Advertising Injury” arising out of, caused by, or attributable to, whether in whole or in part, the following:

1. The design, manufacture, construction, fabrication, preparation, distribution and sale, installation, application, maintenance or repair, including remodeling, service, correction or replacement, of any “exterior insulation and finish system” or any part thereof, or any substantially similar system or any part thereof, including the application or use of conditioners, primers, accessories, flashings, coatings, caulking or sealants in connection with such a system; or
2. “Your product” or “your work” with respect to any exterior component, fixture or feature of any structure if an “exterior insulation and finish system”, or any substantially similar system, is used on the part of that structure containing that component, fixture or feature.

The following definition is added to the **Definitions** Section:

1. “Exterior insulation and finish system” means a non-load bearing exterior cladding or finish system, and all component parts therein, used on any part of any structure, and consisting of:
 - a. A rigid or semi-rigid insulation board made of expanding polystyrene and other materials;
 - b. The adhesive and/or mechanical fasteners used to attach the insulation board to the substrate;
 - c. A reinforced or unreinforced base coat;
 - d. A finish coat providing surface texture to which color may be added; and
 - e. Any flashing, caulking or sealant used with the system for any purpose.
2. “Your product”:
 - a. Means:
 - i. Any goods or products, other than real property, manufactured, sold, handled, distributed or disposed of by:
 1. You;
 2. Others trading under your name; or
 3. A person or organization whose business or assets you have acquired; and

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

- ii. Containers (other than vehicles), materials, parts or equipment furnished in connection with such goods or products.
- b. Includes:
 - i. Warranties or representations made at any time with respect to the fitness, quality, durability, performance or use of “your product”, and
 - ii. The providing of or failure to provide warnings or instructions.
 - c. Does not include vending machines or other property rented to or located for the use of others but not sold.
- 3. “Your work”:
 - a. Means:
 - i. Work or operations performed by you or on your behalf; and
 - ii. Materials, parts or equipment furnished in connection with such work or operations.
 - b. Includes
 - i. Warranties or representations made at any time with respect to the fitness, quality, durability, performance or use of “your work”, and
 - ii. The providing of or failure to provide warnings or instructions.
- 4. “You” and “Your” refers to the Named insured shown in the Declarations, and any other person or organization qualifying as a Named insured under this policy.

All other terms and conditions of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FIREARMS EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

It is understood that no coverage is afforded by this policy for any injury, death, claims or actions occasioned directly or indirectly or as an incident to the discharge of firearms by person or persons on or about the insured premises.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HIRED AND NON-OWNED AUTOMOBILE LIABILITY EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

In consideration of the premium paid, and notwithstanding anything contained in this policy to the contrary, it is agreed that this policy shall not apply to any liability for Personal Injury or Property Damage arising out of the ownership, maintenance, operation, use, loading and unloading or entrustment to others, of any "hired or "non-owned" automobile.

"Automobile" means a land motor vehicle, trailer or semi-trailer designed for travel on public roads but does not include mobile equipment.

"Hired Auto," means only those "automobiles" you lease, hire, rent or borrow. This does not include any "automobile" you lease, hire rent or borrow from any of your employees, partners (if you are a partnership), members (if you are a limited liability company) or members of their households.

"Non-owned Auto", means only those automobiles you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "automobiles" owned by your employees partners (if you are a partnership), members (if you are a limited liability company), or members of their households but only while used in your business or your personal affairs.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LEAD BASED PAINT EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

This insurance does not apply to claims for bodily injury, personal injury or property damage, or any other loss, injury or damage, arising out of exposure to, inhalation of or ingestion of lead based paint or any substance or matter containing lead paint or the residue of lead paint.

All other terms and conditions apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW YORK STATE CONTRACTORS BODILY INJURY EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

With respect to Coverage A and Coverage B, the following exclusion is added:

This insurance does not apply:

To any liability for “bodily injury” which occurs within the State of New York and arises out of work performed on any project or job site located within the State of New York.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OWNED AUTOMOBILE LIABILITY EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

In consideration of the premium paid, and notwithstanding anything contained in this policy to the contrary, it is agreed that this policy shall not apply to any liability for Personal Injury or Property Damage arising out of the ownership, maintenance, operation, use, loading and unloading or entrustment to others, of any automobile owned by any "insured."

All other terms and conditions of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PERSONAL LIABILITY EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

This policy does not apply to any liability arising out of non-business activities of any individual "Named insured" designated as such in the declarations of either this policy or any other policy over which this policy is providing excess insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**COMMERCIAL LIABILITY UMBRELLA
POLICYHOLDER NOTICE**

This is a summary of a major change in your Umbrella Policy. No coverage is provided by this summary nor can it be construed to replace any provisions of your policy. You should read your policy and review your declaration page for complete information on the coverages you are provided. If there is any conflict between the policy and this summary, THE PROVISIONS OF THIS POLICY SHALL PREVAIL.

Your policy contains an exclusion for any claim or suit caused by bodily injury while operating on a jobsite within New York State. With respect to bodily injury occurring in New York State, there is no coverage.

Please refer to endorsement CU9 21 12 and your policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PROPERTY DAMAGE EXCLUSION ENDORSEMENT
PERSONAL PROPERTY**

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

In consideration of the premium paid, and notwithstanding anything contained in this policy to the contrary, it is agreed that this policy shall not apply to any liability for Damage to property of a Temporary Employer.

All other terms and conditions of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ERRORS AND OMISSIONS LIABILITY INSURANCE
TEMPORARY HELP SERVICE EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

In consideration of the premium paid, and notwithstanding anything contained in this policy to the contrary, it is agreed that this policy shall not apply to “bodily injury” or “property damage” arising out of the failure of any service performed for others by a temporary employee or the failure to supply a client with a temporary employee to provide expected or intended services.

All other terms and conditions of this policy remain unchanged.

<i>SERFF Tracking Number:</i>	<i>TWRG-125475944</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Tower Insurance Company of New York</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-AR-3-CU-015</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2020 Commercial Umbrella & Excess</i>
<i>Product Name:</i>	<i>Initial Adoption of ISOs Commercial Liability Umbrella Forms & Independent Forms</i>		
<i>Project Name/Number:</i>	<i>Initial Adoption of ISOs Commercial Liability Umbrella Forms & Independent Forms/08-AR-3-CU-015</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TWRG-125475944 State: Arkansas
Filing Company: Tower Insurance Company of New York State Tracking Number: EFT \$50
Company Tracking Number: 08-AR-3-CU-015
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2020 Commercial Umbrella & Excess
Product Name: Initial Adoption of ISOs Commercial Liability Umbrella Forms & Independent Forms
Project Name/Number: Initial Adoption of ISOs Commercial Liability Umbrella Forms & Independent Forms/08-AR-3-CU-015

Supporting Document Schedules

Review Status:
Satisfied -Name: Cover Letter **Approved** 02/20/2008
Comments:
Please see attached.
Attachment:
02-06-08 Cover Letter-F.pdf

Review Status:
Satisfied -Name: NAIC Transmittal **Approved** 02/20/2008
Comments:
Attachment:
02-06-08 ARPCTD-1.pdf

Review Status:
Satisfied -Name: Forms Memorandum **Approved** 02/20/2008
Comments:
Please see attached.
Attachment:
02-06-08 CU Forms Expl Memorandum - TICNY.pdf



TOWER GROUP COMPANIES

120 BROADWAY, 31ST FLOOR
NEW YORK, NEW YORK 10271-3199

Faye V. Storch
Senior Business Analyst
Home Office Underwriting

Telephone: (212) 655-2189
Facsimile: (631) 824-9203
E-mail: fstorch@twrgroup.com

February 6, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Tower Insurance Company of New York
NAIC # 3703-44300 FEIN # 13-3548249
Commercial Liability Umbrella Program
Initial Adoption of ISO's Commercial Liability Umbrella Forms
Independent Commercial Umbrella Forms
Company Filing Number: 08-AR-3-CU-015

FORMS

ISO Filing Designation Numbers: CL-2007-OTRL1; CU-2007-OCTFR; CU-2005-OFR05; CU-2006-OTRFR; CL-2006-OTF01; CU-2004-OSIEF; CU-2004-OFR03; CL-2004-OTERP; CL-2004-OTIPC; CL-2003-ORTFR; CL-2002-OWLE1; CL-2002-OTRFO; CL-2001-OMOFR; CU-2001-OEDFR; CL-2001-OWTFO; CU-2001-OFRCU & CU-2000-OFR00.

Dear Commissioner Bowman:

Tower Insurance Company of New York is a subscriber company of the Insurance Services Office, Inc. (ISO) for Commercial Liability Umbrella. At this time, we wish to adopt as our own filing the forms as noted in the above referenced ISO Filings.

Additionally, we are submitting for your review and approval, twenty-two (22) endorsements to be used in conjunction with ISO's Commercial Liability Umbrella Coverage Form, currently on file with your Department. Please refer to the attached Forms Memorandum for information about each form.

The ISO rule adoption and all rating associated with this Program are being filed simultaneously under separate cover.

We wish to make this filing effective for all policies effective on or after March 15, 2008, or the earliest date permitted by your state. Your favorable consideration and approval are respectfully requested. Please contact me if you should have any questions or comments. Thank you for your attention in this matter.

Yours very truly,

Faye V. Storch

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---


3.	Group Name	Group NAIC #
	Tower Group Companies	3703

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Tower Insurance Company of New York	New York	44300	13-3548249	

5. Company Tracking Number	08-AR-3-CU-015
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Faye V. Storch Tower Group Companies 120 Broadway, 31 st Floor New York, N.Y. 10271-3199	Senior Business Analyst	212-655-2189	631-824-9203	fstorch@twrgroup.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Faye V. Storch

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	17.0 Other Liability-Occ/Claims Made
10.	Sub-Type of Insurance (Sub-TOI)	17.2 Other Liability – Occ Only
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	17.2020 Commercial Umbrella and Excess
12.	Company Program Title (Marketing title)	N/A
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 03/15/2008 Renewal: 0

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	ISO
17.	Reference Organization # & Title	Please see cover letter
18.	Company's Date of Filing	02/06/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
20.	This filing transmittal is part of Company Tracking #	08-AR-3-CU-015

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Tower Insurance Company of New York is a subscriber company of the Insurance Services Office, Inc. (ISO) for Commercial Liability Umbrella. At this time, we wish to adopt as our own filing the forms as noted in the above referenced ISO Filings.

Additionally, we are submitting for your review and approval, twenty-two (22) endorsements to be used in conjunction with ISO's Commercial Liability Umbrella Coverage Form, currently on file with your Department. Please refer to the attached Forms Memorandum for information about each form.

The ISO rule adoption and all rating associated with this Program are being filed simultaneously under separate cover.

We wish to make this filing effective for all policies effective on or after March 15, 2008, or the earliest date permitted by your state. Your favorable consideration and approval are respectfully requested. Please contact me if you should have any questions or comments. Thank you for your attention in this matter.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: \$50.00 \$50.00 = Form Filing</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

TOWER INSURANCE COMPANY OF NEW YORK
COMMERCIAL LIABILITY UMBRELLA
FORMS MEMORANDUM

1. **Animal Exclusion Endorsement, Form No. CU9 21 06 01 08** – The intent of this endorsement is to clarify that the policy shall not apply to any liability for personal injury, property damage or advertising liability caused by any animal owned by or in the case, custody or control of any insured or for which any insured is legally responsible. There are no rating implications associated with this optional endorsement.
2. **Asbestos Exclusion, Form No. CU9 21 01 01 08** – We intend to insure many older, pre-war buildings in the fringe area where asbestos is likely to be present in the plumbing, flooring, ceiling and other systems throughout the buildings. We foresee that the loss potential on such claims could prove catastrophic because a great portion of it habitational and lessors' risk is likely to be older buildings constructed during a period in which asbestos was commonly used as a building material. There are no rating implications associated with this mandatory endorsement.
3. **Assault And/Or Battery Exclusion, Form No. CU9 21 03 01 08** - This proposed form merely serves to clarify the intent of the Commercial General Liability Policy, specifically clarifying the scope of the intentional tort coverage being acquired. It is our intention to attach this Endorsement on all policies where there is an assault and battery exposure. There are no rating implications associated with this optional endorsement.
4. **Auto Liability Follow Form, Form No. CU9 04 01 01 08** – This form is intended to include Auto Liability coverage, but only to the extent that coverage is provided for by the automobile liability insurance listed in the Schedule of Underlying Insurance. The rates/rules associated with this endorsement can be found in the attached Umbrella Rating 1/08 Edition.
5. **Commercial Umbrella Liability Policy Declarations Page, Form No. CU9 00 01 01 08** – Company Declarations Page. There are no rating implications associated with this mandatory form.
6. **Commercial General Liability Follow Form, Form No. CU9 04 03 01 08** – This form is intended to provide Commercial General Liability coverage, but only to the extent that coverage shall follow any valid and collectible "underlying insurance," and then only as described in the Schedule of Underlying Insurance. The rates/rules associated with this endorsement can be found in the attached Umbrella Rating 1/08 Edition.
7. **Cross Liability Exclusion Endorsement, Form No. CU9 21 08 01 08** – The intent of this endorsement is to clarify that the policy shall not apply to any liability of one insured for property damage to the property of another insured under the policy. There are no rating implications associated with this optional endorsement.
8. **Directors and Officers Liability Exclusion, Form No. CU9 21 09 01 08** – The intent of this endorsement is to clarify that the policy shall not apply to any liability arising out of any "wrongful act" of any director or officer of the insured in the discharge of their duties as such. There are no rating implications associated with this optional endorsement.
9. **Discrimination Exclusion, Form No. CU9 21 04 01 08** – The intent of this endorsement is to clarify that the policy shall not apply to any liability, defense costs, fines or damages which arise out of the discrimination of any person or persons based upon, but not limited to, color, creed, gender, race, natural origin, age, handicap, illness, relation or sexual preference. There are no rating implications associated with this mandatory form.

10. **Drop Down Exclusion Endorsement, Form No. CU9 21 07 01 08** – The intent of this endorsement is to clarify that the policy does not apply to “personal injury” “property damage” or “advertising injury”. This exclusion does not apply to the extent that coverage is provided for the insured by underlying insurance policies as stated and described in the declarations. There are no rating implications associated with this optional form.
11. **Employee Liability Follow Form, Form No. CU9 04 02 01 08** – This policy is intended to provide Employer's Liability coverage, but only to the extent that coverage is provided for by the Employers' Liability Insurance Policy listed in the Schedule of Underlying Insurance. The rates/rules associated with this endorsement can be found in the attached Umbrella Rating 1/08 Edition.
12. **Employers' Liability Exclusion, Form No. CU9 21 13 01 08** – The intent of this endorsement is to clarify that the policy shall not apply to Employers' Liability Coverage. There are no rating implications associated with this optional form.
13. **Errors and Omissions Liability Insurance Temporary Help Service Exclusion, Form No. CU9 21 16 01 08** – The intent of this endorsement is to clarify that the policy shall not apply to “bodily injury” or “property damage” arising out of the failure of any service performed for others by a temporary employee or the failure to supply a client with a temporary employee to provide expected or intended services. There are no rating implications associated with this optional form.
14. **Exclusion – Exterior Insulation and Finish Systems, Form No. CU9 00 02 08 06** - We are proposing to utilize this endorsement with our contractors business. There are no rating implications associated with this optional endorsement.
15. **Firearms Exclusion, Form No. CU9 21 02 01 08** – The intent of this endorsement is to clarify that no coverage is afforded by this policy for any injury, death, claims or actions occasioned directly or indirectly or as an incident to the discharge of firearms by person or persons on or about the insured premises. There are no rating implications associated with this optional endorsement.
16. **Hired and Non-Owned Automobile Liability Exclusion Endorsement, Form No. CU9 21 11 01 08** – The intent of this endorsement is to clarify that the policy does not apply to “to any liability for Personal Injury or Property Damage arising out of the ownership, maintenance, operation, use, loading and unloading or entrustment to others, of any “hired or “non-owned” automobile. There are no rating implications associated with this optional form.
17. **Lead Based Paint Exclusion, Form No. CU9 21 05 01 08** – The intent of this endorsement is to clarify that the policy does not apply to claims for bodily injury, personal injury or property damage, or any other loss, injury or damage, arising out of exposure to, inhalation of or ingestion of lead based paint or any substance or matter containing lead paint or the residue of lead paint. There are no rating implications associated with this optional endorsement.
18. **New York State Contractors Bodily Injury Exclusion, Form No. CU9 21 12 01 08** – The intent of this endorsement is to clarify that the policy does not apply to any liability for “bodily injury” which occurs within the State of New York and arises out of work performed on any project or job site located within the State of New York. There are no rating implications associated with this optional endorsement.

19. **Owned Automobile Liability Exclusion Endorsement, Form No. CU9 21 10 01 08** – The intent of this endorsement is to clarify that the policy does not apply to any liability for Personal Injury or Property Damage arising out of the ownership, maintenance, operation, use, loading and unloading or entrustment to others, of any automobile owned by any “insured.”. There are no rating implications associated with this optional form.
20. **Personal Liability Exclusion, Form No. CU9 21 14 01 08** – The intent of this endorsement is to clarify that the policy does not apply to any liability arising out of non-business activities of any individual “Named insured” designated as such in the declarations of either this policy or any other policy over which this policy is providing excess insurance. There are no rating implications associated with this optional form.
21. **Property Damage Exclusion Endorsement – Personal Property, Form No. CU9 21 15 01 08** – The intent of this endorsement is to clarify that the policy does not apply to any liability for Damage to property of a Temporary Employer. There are no rating implications associated with this optional form.
22. **Commercial Liability Umbrella – Policyholder Notice, Form No. CU9 99 01 01 08** – There are no rating implications associated with this Notice.